

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 2479939

Filed on: 10/29/2025

Initially filed by:

robert.blackley@yahoo.com

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (<http://www.liensnc.com>)Address: 223 S. West Street, Suite 900 /
Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)**Project Property**Double Wide
5128 Antioch Road
Oxford, NC 27565
Granville County**Property Type**

1-2 Family Dwelling

Date of First Furnishing

10/29/2025

Print & Post**Contractors:**

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner InformationRobert H Blackley
608 Amsterdam Lane
Creedmoor, NC 27522
United States
Email: robert.blackley@yahoo.com
Phone: 919-418-0312

View Comments (0)

Technical Support Hotline: (888) 690-7384

Zoning Permit

GRANVILLE COUNTY

Granville, North Carolina

Granville County Development Services

122 Williamsboro Street, Oxford, North Carolina 27565

(919) 603-1331

Permit Number: 25424



OWNER: **Robert Blackley**
5128 ANTIOCH RD
Oxford NC 27565

ZONING: **AR-40**

SUBDIVISION:

PARCEL NO.: **193210368191**

LOT NO:

ISSUED TO **Robert H Blackley**
608 Amsterdam Lane
Creedmoor, NC 27522

BEDROOMS: **3**

PERMIT DATE: **09/30/2025**

PROJECT: **DOUBLE WIDE**

EXPIRATION DATE: **09/30/2026**

SETBACKS:

Front: 50

Left: 15

Right: 15

Rear: 25

FEE: **80.00**

Applicant is proposing a 28'x60', 3 bedroom, 2025 model single family, double wide on lot. A foundation survey may be required to verify compliance with zoning setback requirements.

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I understand that false information may be grounds for rejection of this application. Authorized County Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

ZONING PERMIT EXPIRES IN ONE YEAR FROM ISSUE DATE

R. H. Blackley

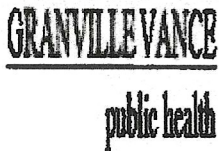
Signature of Applicant or Owner

APPROVED BY:

DATE: 10/02/2025

Jose Tomas

Land Development Ordinance Administrator or Deputy



IMPROVEMENT PERMIT

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 458259 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 10/24/2030

*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with this Improvement Permit.

Applicant: ROBERT BLACKLEY
Address: 608 AMSTERDAM LANE
City: Creedmoor
State/Zip: NC 27522
Phone #: home: (919) 418-0312

Property Owner: ROBERT BLACKLEY
Address: 608 AMSTERDAM LANE
City: Creedmoor
State/Zip: NC, 27522
Phone #: home: (919) 418-0312

Property Location & Site Information

Address: 5128 Antioch Rd. Oxford, NC 27565 Subdivision: _____ Block/Phase: NEW Lot: _____
Road #: _____
Structure: SINGLE FAMILY Directions: GPS
of Bedrooms: 3
of People: _____
*Water Supply: EXISTING WELL

System Specifications

Initial System

Usable Soil Depth: _____ Minimum Trench Depth: 20 Inches
Design Flow: 360 Maximum Trench Depth: 24 Inches
Soil Application Rate: 0.3000

*System Classification/Description:
Type IIIg - Other Non-Conventional Systems

Septic Tank: 1000 Gallons
Pump Required ☐ Yes ☒ No ☐ May Be Required
Pump Tank: _____ Gallons

*Proposed System:
25% REDUCTION

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

Usable Soil Depth: _____ Minimum Trench Depth: _____ Inches
Soil Application Rate: 0.300 Maximum Trench Depth: _____ Inches

*System Classification/Description:
Type IIIe - PPBPS Gravity System

Pump Required: ☐ Yes ☒ No ☐ May Be Required
Pump Tank: _____ Gallons

*Proposed System: HORIZONTAL PPBPS

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

*Site Modifications

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions

Initial system laid out in field by REHS. ANY part of septic to be min. 50' off all wells. Drain lines min. 10' off property lines.

CDP File Number: 458259

County ID Number:

The Department and Local Health Department may impose conditions on the Issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (per rule .0301(fa)).

Authorized State Agent:

Bullock, Will

Date of Issue:

10/24/2025

Total Time: (HH:MM)

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.



Construction Authorization

Granville Vance Public Health

Environmental Health

PO Box 367

Oxford, NC 27565

Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number: 458259 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 10/24/2030

☐ Open Pump System Sheet

Applicant: ROBERT BLACKLEY

Address: 608 AMSTERDAM LANE

City: Creedmoor

State/Zip: NC 27522

Phone #: home: (919) 418-0312

Property Owner: ROBERT BLACKLEY

Address: 608 AMSTERDAM LANE

City: Creedmoor

State/Zip: NC 27522

Phone #: home: (919) 418-0312

Property Location & Site Information

Address/Road #: 5128 Antioch Rd. Oxford, NC 27565

Subdivision:

Phase: NEW Lot:

Directions:

Structure: SINGLE FAMILY

GPS

of Bedrooms: 3

of People:

*Water Supply: EXISTING WELL

System Specifications

Usable Soil Depth:

Minimum Trench Depth: 20 Inches

Design Flow: 360

Maximum Trench Depth: 24 Inches

Soil Application Rate: 0.3000

Minimum Soil Cover: Inches

*System Classification/Description:

Type IIIg - Other Non-Conventional Systems

Maximum Soil Cover: Inches

*Proposed System:

25% REDUCTION

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: 900 Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 3

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Total Trench Length: 300 ft.

☐ Inches O.C.

Pump Tank: Gallons

☒ Feet O.C.

Trench Spacing: 9 -

☐ Inches

Grease Trap: Gallons

Trench Width: 3 -

☒ Feet

Septic Tank Installer

Aggregate Depth: inches

Grade Level Required:

☐ I ☐ II ☐ III ☐ IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions:

Initial system laid out in field by REHS. ANY part of septic to be min. 50' off all wells. Drain lines min. 10' off property lines.

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid, and may be suspended or revoked (.0204(k)(1)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301(a)).

Authorized State Agent: Bullock, Will

Date of Issue: 10/24/2025

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM)

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number P458259

☒ Improvement Permit

36dcm.

☐ Construction Authorization

SITE SKETCH

Robert Blackley
Applicants Name

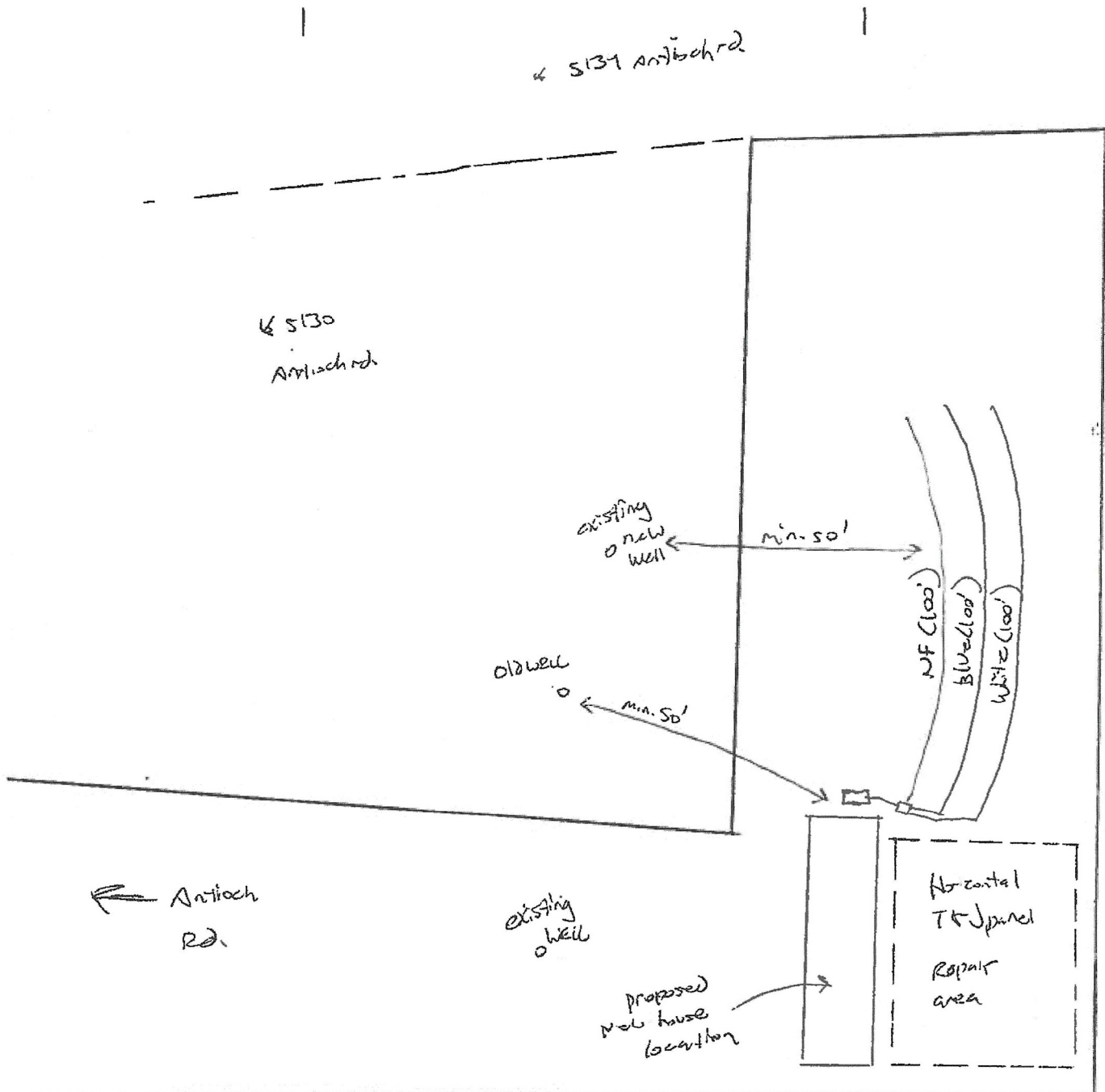
5128 Antioch rd.
Address

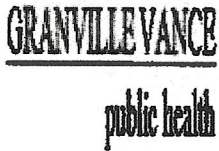
Subdivision - Section - Lot

[Signature]
Authorized State Agent

1-24-25
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that proper grade is maintained.





IMPROVEMENT PERMIT

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 458259 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 10/24/2030

*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with this Improvement Permit.

Applicant: ROBERT BLACKLEY
Address: 608 AMSTERDAM LANE
City: Creedmoor
State/Zip: NC 27522
Phone #: home: (919) 418-0312

Property Owner: ROBERT BLACKLEY
Address: 608 AMSTERDAM LANE
City: Creedmoor
State/Zip: NC. 27522
Phone #: home: (919) 418-0312

Property Location & Site Information

Address: 5128 Antioch Rd. Oxford, NC 27565 Subdivision: _____ Block/Phase: NEW Lot: _____
Road #: _____
Structure: SINGLE FAMILY Directions: GPS
of Bedrooms: 3
of People: _____
*Water Supply: EXISTING WELL

System Specifications

Initial System

Usable Soil Depth: _____ Minimum Trench Depth: 20 Inches
Design Flow: 360 Maximum Trench Depth: 24 Inches
Soil Application Rate: 0.3000

*System Classification/Description:
Type IIIg - Other Non-Conventional Systems

Septic Tank: 1000 Gallons
Pump Required ☐ Yes ☒ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

Usable Soil Depth: _____ Minimum Trench Depth: _____ Inches
Soil Application Rate: 0.300 Maximum Trench Depth: _____ Inches

*System Classification/Description:
Type IIIe - PPBPS Gravity System

Pump Required: ☐ Yes ☒ No ☐ May Be Required

*Proposed System: HORIZONTAL PPBPS

Pump Tank: _____ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

*Site Modifications

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions

Initial system laid out in field by REHS. ANY part of septic to be min. 50' off all wells. Drain lines min. 10' off property lines.

CDP File Number: 458259

County ID Number:

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (per rule .0301(fa)).

Authorized State Agent:

Bullock, Will

Date of Issue:

10/24/2025

Total Time: (HH:MM)

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

_____ : _____



Construction Authorization

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number: 458259 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 10/24/2030

☐ Open Pump System Sheet

Applicant: ROBERT BLACKLEY

Address: 608 AMSTERDAM LANE

City: Creedmoor

State/Zip: NC 27522

Phone #: home: (919) 418-0312

Property Owner: ROBERT BLACKLEY

Address: 608 AMSTERDAM LANE

City: Creedmoor

State/Zip: NC 27522

Phone #: home: (919) 418-0312

Property Location & Site Information

Address/Road #: 5128 Antioch Rd. Oxford, NC 27565 Subdivision: _____ Phase: NEW Lot: _____
Structure: SINGLE FAMILY Directions: _____
of Bedrooms: 3 GPS
of People: _____
*Water Supply: EXISTING WELL

System Specifications

Usable Soil Depth: _____ Minimum Trench Depth: 20 Inches
Design Flow: 360 Maximum Trench Depth: 24 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: _____ Maximum Soil Cover: _____ Inches
Type IIIg - Other Non-Conventional Systems
*Proposed System: 25% REDUCTION *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
Nitrification Field: 900 Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 3 Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 300 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
Trench Spacing: 9 - ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: 3 - ☐ Inches Septic Tank Installer ☐ I ☐ II ☐ III ☐ IV
Aggregate Depth: _____ inches Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions:

Initial system laid out in field by REHS. ANY part of septic to be min. 50' off all wells. Drain lines min. 10' off property lines.

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid, and may be suspended or revoked (.0204(k)(1)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301(a)).

Authorized State Agent: Bullock, Will

Date of Issue: 10/24/2025

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number P-458259

☒ Improvement Permit

360m.

☐ Construction Authorization

SITE SKETCH

Robert Blackley
Applicants Name

5128 Antioch rd.
Address

Subdivision - Section - Lot

[Signature] re: 45
Authorized State Agent

10-24-25
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that proper grade is maintained.

